## PART B - FEE(S) TRANSMITTAL

Mail Stop ISSUE FEE
Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450



or Fax (571)-273-2885

\\$\										
INSTRUCTIONS of fappropriate All martier condicated unless corrected maintenance fee notification	orrespondence includir below or directed oth	o the Pa	itent advance o	rders and notification	of m	naintenance fees w	/ill be r	nailed to the current	corresponder	nce address as
CURRENT CORRESPONDEN	Fee( pape	s) Transmittal. Thi	s certifi I paper,	can only be used for cate cannot be used for such as an assignment ing or transmission.	or any other :	accompanying				
7					· ·					
F. Lindsey Scott Suite B 2329 Coit Road		BIZUNE2 00000072 10			I her State addr trans	reby certify that the es Postal Service we essed to the Mail smitted to the USP	is Fec(s ith suff Stop I TO (57)	of Mailing or Transi ) Transmittal is being icient postage for firs SSUE FEE address ) 273-2885, on the da	deposited we class mail is above, or be the indicated	ith the United in an envelope eing facsimile below.
Plano, TX 75075				700.00 OP 300.00 OP	F	LINDSE		SGOTT		Depositor's name)
		2	Linds	in	Swite		(Signature)			
						10-03	-10	6		(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVE				ATTO	NEY DOCKET NO. CONFIRMATION NO.		
10/814,742	04/01/2004	•	James E. Mitchell				JMIT-25,712 7195			
TITLE OF INVENTION: AUTOMATIC AND A MANUAL LIFT-UP VENTILATED GATE FOR USE WITH AN OVERHEAD GARAGE DOOR										
APPLN. TYPE	SMALL ENTITY ISS		JE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES		\$700	\$300		\$0		\$1000	12/0	08/2006
EXAMINER			RT UNIT	CLASS-SUBCLASS						•
PUROL, DA	AVID M	3634	160-113000							
. Change of corresponden CFR 1.363). Change of correspon Address form PTO/SB/ "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required.	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.									
S. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)										
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
Please check the appropriate assignee category or categories (will not be printed on the patent):										
rease effects the appropriate assignce ealegory of ealegories (will not be printed on the patenty): Undividual U Corporation of other private group entity U Government										
ta. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.									;)	
Publication Fee (No	Payment by credit card. Form PTO-2038 is attached.									
Advance Order - # 6	The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 50 0 232 (enclose an extra copy of this form).									
6. Change in Entity Statu a. Applicant claims			7 CFR 1.27.	☐ b. Applicant is no	o long	ger claiming SMAI	L ENT	ITY status. See 37 CF	'R 1.27(g)(2)	).
NOTE: The Issue Fee and nterest as shown by the re	Publication Fee (if requering of the United Sta	iired) wi tes Paten	ll not be accepted t and Trademark	d from anyone other t Office.	han th	ne applicant; a regi	stered a	ttorney or agent; or th	e assignee or	other party in
Authorized Signature	J. Lind	sey	Lacos	<del></del>		Date	0 - 0	3-06		
Typed or printed name	F. LINDSE	1 3	COTY		•	Date	o	16,230		
This collection of informat in application. Confidentia ubmitting the completed a his form and/or suggestion Box 1450, Alexandria, Vir	ion is required by 37 Cality is governed by 35 application form to the 1s for reducing this burginia 22313-1450. DC	FR 1.31 U.S.C. 1 USPTO den, sho NOT SI	1. The information 22 and 37 CFR. Time will varyuld be sent to the END FEES OR (	on is required to obtain 1.14. This collection depending upon the chief Information COMPLETED FORM	n or re is esti indivi Office	etain a benefit by the imated to take 12 ridual case. Any co	he publi ninutes mments Tradem	c which is to file (and to complete, includin on the amount of tin	by the USP1 g gathering, position requirement of Corporates, P	TO to process) preparing, and re to complete ommerce, P.O. P.O. Box 1450.

Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.